MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005872
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 21

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0330
2 0330
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4 1
5 2
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7 2
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9 490X
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12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 6 1963

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Texas Township
Length of stay in 1b: 19 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Licking Rte Residence Salem, Mo.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☐ No XX
d. STREET ADDRESS (If outside, give location): Licking Route
Reside on Farm: Yes XX No ☐

3. NAME OF DECEASED (Type or print): First CATHERINE Middle _____ Last PETERS

4. DATE OF DEATH: Month February Day 28 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 2/17/72

9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Adam Frey

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: August (Decd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates) _____

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Artie DeSmadt Licking Rte Salem Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac & pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bilateral Lobar pneumonia
DUE TO (c): Cachexia & debilitation
INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility & cardio vascular renal disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957 to 1963 and last saw her/him alive on Feb 27, 1963
Death occurred at 1:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. J. Myers DO

22b. ADDRESS: Licking, Mo

22c. DATE SIGNED: 3-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/2/63

23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery

23d. LOCATION (City, town, or county) (State): Salem Missouri

24. FUNERAL DIRECTOR ADDRESS: Max L. Warfel Salem, Mo.

25. DATE RECD. BY LOCAL REG.: 3-2-63

26. REGISTRAR'S SIGNATURE: M Moberly DMC

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1963

OCT 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by —, Student Embalmer No. —

working under my personal supervision.

Student —
Signature of Student Embalmer

Signed Max L Waugh

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.